

all four recipients who received lungs from donors that had histologic evidence of pneumonia.

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Modified Senning operation for cavopulmonary connection with autologous tissue

To the Editor:

Van de Wal, Tanke, and Roef¹ described a modified technique of total cavopulmonary connection. I am not sure why the authors call this a modification of the Senning technique because the flaps described in their paper are different from the ones used in Senning's procedure. Their flaps are actually reversed. The technique of transecting the superior vena cava close to the right atrium (van de Wal, Tanke, and Roef,¹ Fig. 1, G) is potentially dangerous and may be a cause of the rhythm disturbances that the authors observed. The incidence of pleural effusions (77%) is high, and the authors do not

mention fenestration in the pathway or creation of an adjustable atrial septal defect, which can considerably reduce the incidence of both pleural and pericardial effusions.

The principle of the technique described by the authors was suggested by Milo and colleagues² in 1980. It was also proposed by Fantidis and colleagues.³ We have been using total cavopulmonary connection with atrial flaps since 1988,⁴ and others have published their experience.^{5,6}

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